

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

|    | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|----|----------|-----|---------------------|-----|---------------------|-----|
|    | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1  | /        |     |                     |     |                     |     |
| 2  | /        |     |                     |     |                     |     |
| 3  | /        |     |                     |     |                     |     |
| 4  | /        |     |                     |     |                     |     |
| 5  | /        |     |                     |     |                     |     |
| 6  | /        |     |                     |     |                     |     |
| 7  | /        |     |                     |     |                     |     |
| 8  | /        |     |                     |     |                     |     |
| 9  | /        |     |                     |     |                     |     |
| 10 | /        |     |                     |     |                     |     |
| 11 | /        |     |                     |     |                     |     |
| 12 | /        |     |                     |     |                     |     |
| 13 | /        |     |                     |     |                     |     |
| 14 | /        |     |                     |     |                     |     |
| 15 | /        |     |                     |     |                     |     |
| 16 | /        |     |                     |     |                     |     |
| 17 | /        |     |                     |     |                     |     |
| 18 | /        |     |                     |     |                     |     |
| 19 | 2        |     |                     |     |                     |     |
| 20 | 2        |     |                     |     |                     |     |
| 21 | 2        |     |                     |     |                     |     |
| 22 |          |     |                     |     |                     |     |
| 23 |          |     |                     |     |                     |     |
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| 48 |          |     |                     |     |                     |     |
| 49 |          |     |                     |     |                     |     |
| 50 |          |     |                     |     |                     |     |

TOTAL IND.

2



TOTAL DEP.

2



TOTAL CLAIMS

34



TOTAL IND.

2



TOTAL DEP.

2



TOTAL CLAIMS

34

